



## **Post-Traumatic Stress Disorder**

### ***November 2004***

1: Compr Psychiatry. 2004 Jul-Aug;45(4):304-10.

Does comorbid anxiety or depression affect clinical outcomes in patients with post-traumatic stress disorder and alcohol use disorders?

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Post-traumatic stress disorder (PTSD) is commonly comorbid with other psychiatric disorders, including substance use disorders. In spite of this, pharmacologic treatment trials for PTSD often exclude individuals with significant psychiatric comorbidity. This study is a post hoc analysis of a 12-week double-blind placebo-controlled trial investigating sertraline in the treatment of patients with comorbid PTSD and an alcohol use disorder. Individuals with additional anxiety and affective disorders were included. Patients (N = 93) were stratified into four groups depending on presence or absence of additional anxiety or depressive disorders and evaluated for the effects of comorbidity on PTSD symptoms, depressive symptoms, and drinking behaviors. We hypothesized that additional comorbidity would be associated with poorer outcomes. Patients in all four subgroups showed marked and clinically significant improvement in alcohol drinking behaviors over the course of the study. For the entire sample, over the course of the 12 weeks, mean drinks per drinking day fell from 13.0 +/- 8.4 (SD) to 3.0 +/- 5.0 (SD);  $t = 10.2$ ,  $df = 92$ ,  $P < .000$ . There were, however, no significant differences among groups. Patients in all four groups showed moderate improvement in Hamilton Depression Rating Scale (HAMD) scores and Clinician-Administered PTSD scale (CAPS) scores at endpoint. For the entire sample, mean CAPS scores fell from 59.3 +/- 19.4 (SD) to 40.8 +/- 26.0,  $t = 8.9$ ,  $df = 92$ ,  $P < .000$ . Mean HAMD scores fell from 17.9 +/- 6.7 (SD) at baseline to 11.8 +/- 9.4 (SD) at endpoint;  $t = 6.7$ ,  $df = 92$ ,  $P < .000$ . There were, however, no significant differences among groups for change in HAM-D or CAPS scores. Hence, contrary to our hypothesis, having additional anxiety or mood disorder comorbidity did not decrease treatment response in individuals with comorbid PTSD and an alcohol use disorder.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 15224273 [PubMed - indexed for MEDLINE]

2: Med Arh. 2004;58(3): 179-82.

Psychic disorders in former prisoners of war.

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AIM: To analyze the kind and the representation of psychic disorders in former prisoners of war and war veterans who were not detained in camps. METHODS: The analyzed sample consisted of 160 respondents divided into two groups. A group of 100 former prisoners of war and a group of 60 war veterans who had not been detained in camps. All the respondents are males and were psychically in healthy condition prior to the war. The modified Harvard Trauma Questionnaire was used to diagnose traumatic experience, and a questionnaire according to the DSM IV criteria was used to diagnose posttraumatic stress disorder. The Depressiveness Scale D-92 was used to diagnose depressiveness; the questionnaire STAI was used to diagnose anxiety; CAGE Questionnaire was used to diagnose alcoholism. RESULTS: The former prisoners of war had traumatic experience at a higher level as compared to the war veterans who had not been detained in camps ( $P < 0.05$ ). The symptoms of PTSD were manifested by 55% of camp inmates as compared to 33.3% of war veterans ( $P < 0.05$ ). Depressive disorder was diagnosed in 52% of camp inmates and 31.7% of war veterans ( $P < 0.05$ ). No statistically significant difference was found among the analyzed groups relating to anxiety and alcohol drinking. CONCLUSIONS: The former prisoners of war were living through a severer stage and had a more sundry traumatic experience. Severer stage of traumatic experience conditioned statistically higher representation of psychic disorders (PTSD and depressiveness) in the former prisoners of war as compared to the war veterans.

PMID: 15484862 [PubMed - indexed for MEDLINE]

3: Psychiatr Clin North Am. 2004 Sep;27(3):459-71.

Military issues.

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This article reviews of some of the lessons in trauma psychiatry learned by the US military through wartime and other trauma experiences during the past century. Current practice in the military's employment of stress control teams is reviewed. The military's efforts to prevent and limit psychological casualties, to include the care of battle casualties and prisoners of war (POWs), are addressed. Recent experiences that have informed further, and are shaping the military's approach to managing the psychological aftermath of trauma (such as the Sept. 11, 2001, attack on the Pentagon and the current war with Iraq) are included. Guidelines developed after 9/11, and articulated in the "Mass Violence and Early Intervention" conference are presented. Finally, current ideas on preparation for and intervention after weapons of mass destruction will be outlined.

Publication Types:

Review

Review, Academic

PMID: 15325487 [PubMed - indexed for MEDLINE]

**Library Program Office**  
**Office of Information**  
Veterans Health Administration

4: Psychiatry. 2004 Summer;67(2):158-63.

Comment on:

Psychiatry. 2004 Summer;67(2):105-17.

The social context of recovery.

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Publication Types:

Comment

PMID: 15262582 [PubMed - indexed for MEDLINE]